

PROFESSIONAL/CONSULTANT DOCUMENTATION FOR ICF/MR

Surveyors: Complete this form for each facility and return with the packet

	<u>Name</u>	<u>Qualifications</u>	<u>On Staff/or Contract</u>
Administrator	_____	_____	_____
Program Director	_____	_____	_____
QMRP	_____	_____	_____
Social Worker	_____	_____	_____
*Psychologist	_____	_____	_____
*Behavior Spec/Clinician	_____	_____	_____
Medical Director	_____	_____	_____
Dentist	_____	_____	_____
Pharmacy	_____	_____	_____
R.N.	_____	_____	_____
L.P.N.	_____	_____	_____
Transfer Agreement	_____	Not Applicable	_____
Emergency Medical	_____	Not Applicable	_____
Emergency Dental	_____	Not Applicable	_____
Dietitian	_____	_____	_____
*Speech Therapist	_____	_____	_____
*Occupational Therapist	_____	_____	_____
*Physical Therapist	_____	_____	_____
*Recreation	_____	_____	_____
Day Program	_____	_____	_____
D & E Team	_____	_____	_____
Other	_____	_____	_____

*Optional if there are no identified needs.